

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

IN RE: MICHAEL BUXBAUM

ORDER OF DISMISSAL

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff Michael Buxbaum, acting *pro se*, has filed more than fifty actions since December 9, 2024, and the Court has issued dozens of orders directing Plaintiff either to pay the filing fees or submit an application to proceed *in forma pauperis* (IFP). Some of Plaintiff's actions have already been dismissed for failure to pay the fees and others have been dismissed as duplicative. *See, e.g., Buxbaum v. Zillow Group, Inc.*, No. 25-CV-0297 (LTS) (S.D.N.Y. Jan. 17, 2025); *Buxbaum v. Zillow Group, Inc.*, No. 25-CV-0225 (LTS) (S.D.N.Y. Jan. 13, 2025); *Buxbaum v. Sommer*, No. 24-CV-10080 (LTS) (S.D.N.Y. Jan. 9, 2025); *Buxbaum v. Intuit*, No. 24-CV-10060 (LTS) (S.D.N.Y. Jan. 7, 2025); *Buxbaum v. Chase*, No. 24-CV-9388 (LTS) (S.D.N.Y. Jan 22, 2025).

The Court finds that, based on the multiple deficiency orders that the court has issued, Plaintiff is on notice of the filing fee requirements. Accordingly, the Court dismisses this action without prejudice to reopening upon Plaintiff's submission of the filing fees or an IFP application, within 30 days of the date of docketing this order.

**CONCLUSION**

The Clerk of Court is directed to assign this matter to my docket. This action is dismissed without prejudice to reopening upon Plaintiff's submission of the filing fee or an IFP application, within 30 days of the date of docketing this order.

The Clerk of Court is further directed to docket this order in any action that Plaintiff files *pro se* without prepayment of the filing fees or an IFP application.

SO ORDERED.

Dated: January 29, 2025  
New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN  
Chief United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

\_\_\_\_\_  
(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

---

Dated

---

Signature

---

Name (Last, First, MI)

---

Prison Identification # (if incarcerated)

---

Address

---

City

---

State

---

Zip Code

---

Telephone Number

---

E-mail Address (if available)